

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

The Ninety Nine Percent

ADDRESS (number and street) ▼

P.O. Box 27892

☐ Check if different than previously reported. (ACC)

Washington

DC

20038

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00543140

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Edward C McHugh

Signature of Treasurer

Edward C McHugh

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Ninety Nine Percent

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2013

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2013</span> |                         | 0.00                              |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | 0.00                    |                                   |
| (c) Total Receipts (from Line 19) .....   | 255250.00               | 255250.00                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....   | 255250.00               | 255250.00                         |
| 7. Total Disbursements (from Line 31) .....   | 224264.19               | 224264.19                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 30985.81                | 30985.81                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 1500.00                 |                                   |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**The Ninety Nine Percent**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 1 |   | 2 | 0 | 1 | 3 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 3 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A).....   | 178100.00                     | 178100.00                         |
| (ii) Unitemized .....  | 0.00                          | 0.00                              |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►   | 178100.00                     | 178100.00                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 77000.00                      | 77000.00                          |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ► | 255100.00                     | 255100.00                         |
| 12. Transfers From Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....  | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....  | 150.00                        | 150.00                            |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....            | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....  | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ..... ►                        | 255250.00                     | 255250.00                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►                                  | 255250.00                     | 255250.00                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 74404.77                      | 74404.77                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 74404.77                      | 74404.77                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 149859.42                     | 149859.42                         |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 224264.19                     | 224264.19                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 224264.19                     | 224264.19                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 255100.00                     | 255100.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 255100.00                     | 255100.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 74404.77                      | 74404.77                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 150.00                        | 150.00                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 74254.77                      | 74254.77                          |

: 97 'A-G79 @G B9CI G'H9LH'F9 @G H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

Please note that the disbursements on Line 24 dated 4/25/2013 to Town Crier, Inc. for \$4456.25 and Aftra H&R for \$571.56 totaling \$5027.81 represent the actual vendor payments and amounts for the 24-Hour Notice that was filed 5/1/2013 with AFTRA SAG listed as the vendor.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Ninety Nine Percent**

Full Name (Last, First, Middle Initial)

## **A. Iron Workers Political Education Fund**

Mailing Address 1750 New York Avenue, NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11300.00

Date of Receipt

03 / 27 / 2013

Transaction ID : SA11AI.4215

Amount of Each Receipt this Period

11300.00

Full Name (Last, First, Middle Initial)

## **B. Iron Workers Political Education Fund**

Mailing Address 1750 New York Avenue, NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24300.00

Date of Receipt

04 / 09 / 2013

Transaction ID : SA11AI.4219

Amount of Each Receipt this Period

13000.00

Full Name (Last, First, Middle Initial)

## **C. Iron Workers Political Education Fund**

Mailing Address 1750 New York Avenue, NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

63100.00

Date of Receipt

04 / 15 / 2013

Transaction ID : SA11AI.4226

Amount of Each Receipt this Period

38800.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

63100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Ninety Nine Percent**

Full Name (Last, First, Middle Initial)

## **A. Iron Workers Political Education Fund**

Mailing Address 1750 New York Avenue, NW

City State Zip Code  
 Washington DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

78100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 23 / 2013

**Transaction ID : SA11AI.4217**

Amount of Each Receipt this Period

15000.00

Full Name (Last, First, Middle Initial)

## **B. Laborers' Political League Education Fund**

Mailing Address 905 16th Street, NW

City State Zip Code  
 Washington DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 10 / 2013

**Transaction ID : SA11AI.4222**

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

## **C. United Association of Journeymen and Apprentices of the Pipe Fitting Industry**

Mailing Address Three Park Place

City State Zip Code  
 Annapolis MD 21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 15 / 2013

**Transaction ID : SA11AI.4224**

Amount of Each Receipt this Period

50000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115000.00

178100.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 22

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Ninety Nine Percent**

**A.** Full Name (Last, First, Middle Initial)  
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17TH ST, NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00029504

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 17 / 2013

**Transaction ID : SA11C.4258**

Amount of Each Receipt this Period

25000.00

**B.** Full Name (Last, First, Middle Initial)  
IUPAT Political Action Together Political Committee

Mailing Address 7234 Parkway Drive

City State Zip Code  
Hanover MD 21076

FEC ID number of contributing  
federal political committee.

**C** C00000885

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 16 / 2013

**Transaction ID : SA11C.4175**

Amount of Each Receipt this Period

50000.00

**C.** Full Name (Last, First, Middle Initial)  
Plasterers' & Cement Masons' PAC

Mailing Address 11720 Beltsville Drive  
#700

City State Zip Code  
Beltsville MD 20705

FEC ID number of contributing  
federal political committee.

**C** C00134742

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 07 / 2013

**Transaction ID : SA11C.4173**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

77000.00

**TOTAL** This Period (last page this line number only)..... ►

77000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 22

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**The Ninety Nine Percent**

Full Name (Last, First, Middle Initial)

**A. Fingerhut Granados Opinion Research**

Mailing Address 205 Yoakum Parkway, #1003

City Alexandria      State VA      Zip Code 22304

Purpose of Disbursement  
Radio Buy - Contained No Express Advocacy

004

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04      18      2013
**Transaction ID : SB21B.4234**

Amount of Each Disbursement this Period

51039.00

Full Name (Last, First, Middle Initial)

**B. Fingerhut Granados Opinion Research**

Mailing Address 205 Yoakum Parkway, #1003

City Alexandria      State VA      Zip Code 22304

Purpose of Disbursement  
Radio Ad - Contained No Express Advocacy

004

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04      18      2013
**Transaction ID : SB21B.4235**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. IABSORIW**

Mailing Address 1750 New York Avenue, NW

City Washington      State DC      Zip Code 20006

Purpose of Disbursement  
Reimbursement for Salaries and Expenses

001

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06      30      2013
**Transaction ID : SB21B.4194**

Amount of Each Disbursement this Period

13117.87

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

67156.87

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26  |
| <input type="checkbox"/>            | 27  | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

NAME OF COMMITTEE (In Full)  
The Ninety Nine Percent

### A. SunTrust Bank

Mailing Address 1750 New York Avenue, NW

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20006    |

Transaction ID : SB21B.4205

|  |                         |
|--|-------------------------|
|  | Purpose of Disbursement |
|  | Bank Fees               |

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

### B. SunTrust Bank

Date of Disbursement

Mailing Address 1750 New York Avenue, NW

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20006    |

Transaction ID : SB21B.4206

### Purpose of Disbursement Bank Fees

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

### C. SunTrust Bank

Date of Disbursement

Mailing Address 1750 New York Avenue, NW

| City       | State | Zip Code |
|------------|-------|----------|
| Washington | DC    | 20006    |

Transaction ID : SB21B.4208

| Purpose of Disbursement | Bank Fees |
|-------------------------|-----------|
|                         |           |

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 22

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

The Ninety Nine Percent

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address 1750 New York Avenue, NW

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20006    |

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 23    |   | 2013        |

Transaction ID : SB21B.4209

Amount of Each Disbursement this Period

|       |
|-------|
| 50.00 |
|-------|

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Mailing Address 1750 New York Avenue, NW

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20006    |

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 24    |   | 2013        |

Transaction ID : SB21B.4210

Amount of Each Disbursement this Period

|       |
|-------|
| 50.00 |
|-------|

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank**

Mailing Address 1750 New York Avenue, NW

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20006    |

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 25    |   | 2013        |

Transaction ID : SB21B.4211

Amount of Each Disbursement this Period

|       |
|-------|
| 50.00 |
|-------|

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

|        |
|--------|
| 150.00 |
|--------|

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 22

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Ninety Nine Percent**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 20 2013**Transaction ID : SB21B.4229**

Amount of Each Disbursement this Period

37.50

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 20 2013**Transaction ID : SB21B.4230**

Amount of Each Disbursement this Period

2.50

Full Name (Last, First, Middle Initial)

**C. Town Crier, Inc.**Mailing Address 7735 Old Georgetown Road  
Suite 950

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
Radio Ad - Contained No Express Advocacy

004

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 14 2013**Transaction ID : SB21B.4249**

Amount of Each Disbursement this Period

289.14

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

329.14

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 22

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Ninety Nine Percent**

Full Name (Last, First, Middle Initial)

**A. Town Crier, Inc.**Mailing Address 7735 Old Georgetown Road  
Suite 950

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
Radio Ad - Contained No Express Advocacy

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 14 / 2013**Transaction ID : SB21B.4255**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Trister, Ross, Schadler & Gold, PLLC**Mailing Address 1666 Connecticut Avenue, NW  
Fifth Floor

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 14 / 2013**Transaction ID : SB21B.4204**

Amount of Each Disbursement this Period

3098.75

Full Name (Last, First, Middle Initial)

**C. Trister, Ross, Schadler & Gold, PLLC**Mailing Address 1666 Connecticut Avenue, NW  
Fifth Floor

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
06 / 28 / 2013**Transaction ID : SB21B.4195**

Amount of Each Disbursement this Period

3088.75

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6387.50

74173.51

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 15 OF 22

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

The Ninety Nine Percent

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Fingerhut Granados Opinion Research

Nature of Debt (Purpose):

Robo Call Narration

Mailing Address 205 Yoakum Parkway, #1003

City State

Zip Code

Alexandria

VA

22304

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4254

Amount Incurred This Period

1500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

1500.00

2) TOTALS This Period (last page this line number only)..... ►

1500.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

1500.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 16 OF 22  
 FOR LINE 24 OF FORM 3X

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>The Ninety Nine Percent</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00543140       </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Afra H &amp; R</b>  |  | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           04 / 25 / 2013         </div>  |
| Mailing Address 7735 Old Georgetown Road<br>Suite 950  |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           571.56         </div>  |
| City<br>Bethesda   | State<br>MD  |  |
| Zip Code<br>20814  | <b>Transaction ID : SE.4246</b>  |  |
| Purpose of Expenditure<br>Robo Call Recording  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Office Sought: <input type="checkbox"/> House    State: <u>MA</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>STEPHEN F LYNCH  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">49085.82</div> |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2013 <input checked="" type="checkbox"/> Other (specify) <u>Special-Primary</u>   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Boston Globe</b>   |  | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           04 / 28 / 2013         </div>  |
| Mailing Address 135 Morrissey Boulevard   |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           22724.74         </div>  |
| City<br>Boston  | State<br>MA  |  |
| Zip Code<br>02125   | <b>Transaction ID : SE.4128</b>  |  |
| Purpose of Expenditure<br>Newspaper Insert  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Office Sought: <input type="checkbox"/> House    State: <u>MA</u><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>STEPHEN F LYNCH   |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">151359.42</div> |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2013 <input checked="" type="checkbox"/> Other (specify) <u>Special-Primary</u>   |

|  |   |
|--|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">23296.30</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>        |
| <b>(c) TOTAL</b> Independent Expenditures.....                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward C McHugh

[Electronically Filed]

Date

07 / 29 / 2013

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 17 OF 22  
 FOR LINE 24 OF FORM 3X

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>The Ninety Nine Percent</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00543140       </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|  |             |   |  |
|--|-------------|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Cambridge Offset Printing</b> |             | Date<br>MM / DD / YYYY<br>04 / 27 / 2013  |  |
| Mailing Address 56 Creighton Street  |             | Amount<br>20315.23  |  |
| City<br>Cambridge  | State<br>MA | Zip Code<br>02140   | Transaction ID : SE.4122   |
| Purpose of Expenditure<br>Printing Leaflet   |             | Category/<br>Type 004   | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MA District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>STEPHEN F LYNCH    |             | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |
| Calendar Year-To-Date Per Election for Office Sought<br>91772.68                     |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2013 <input checked="" type="checkbox"/> Other (specify) Special-Primary |  |

|   |             |   |  |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Catalist, LLC</b>          |             | Date<br>MM / DD / YYYY<br>04 / 24 / 2013  |  |
| Mailing Address 1090 Vermont Avenue, NW<br>Suite 300                              |             | Amount<br>11080.92  |  |
| City<br>Washington  | State<br>DC | Zip Code<br>20005   | Transaction ID : SE.4111   |
| Purpose of Expenditure<br>Data Services Phone List                                |             | Category/<br>Type 004   | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MA District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>STEPHEN F LYNCH |             | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |
| Calendar Year-To-Date Per Election for Office Sought<br>20433.01                  |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2013 <input checked="" type="checkbox"/> Other (specify) Special-Primary |  |

|  |          |
|--|----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | 31396.15 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |          |
| (c) <b>TOTAL</b> Independent Expenditures.....                   |          |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward C McHugh

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 29 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 18 OF 22  
 FOR LINE 24 OF FORM 3X

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>The Ninety Nine Percent</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00543140       </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|   |  |  |  |  |
|---|--|--|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Chism Strategies, LLC</b>      |  |  | Date<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">04 / 24 / 2013</div> </div> |  |
| Mailing Address 603 Duling Avenue<br>Suite 211  |  |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">23625.00</div>  |  |
| City Jackson  | State MS   | Zip Code 39216   |  |  |
| Purpose of Expenditure<br>Robo Calls  | Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | Office Sought: <input type="checkbox"/> House    State: MA<br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President      |  |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>STEPHEN F LYNCH     |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |  |
| Calendar Year-To-Date Per Election for Office Sought                                  |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2013 <input checked="" type="checkbox"/> Other (specify) <u>Special-Primary</u> |  |  |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">44058.01</div> |  |  |  |  |

Transaction ID : SE.4113

|   |  |  |  |  |
|---|--|--|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Chism Strategies, LLC</b>      |  |  | Date<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">04 / 26 / 2013</div> </div> |  |
| Mailing Address 603 Duling Avenue<br>Suite 211  |  |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">20871.63</div>  |  |
| City Jackson  | State MS   | Zip Code 39216   |  |  |
| Purpose of Expenditure<br>Robo Calls  | Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | Office Sought: <input type="checkbox"/> House    State: MA<br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President      |  |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>STEPHEN F LYNCH     |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |  |
| Calendar Year-To-Date Per Election for Office Sought                                  |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2013 <input checked="" type="checkbox"/> Other (specify) <u>Special-Primary</u> |  |  |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">71457.45</div> |  |  |  |  |

Transaction ID : SE.4141

|  |   |
|--|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">44496.63</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>         |
| (c) <b>TOTAL</b> Independent Expenditures.....                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>         |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward C McHugh

Signature

[Electronically Filed]

Date

MM / DD / YYYY

07 / 29 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 19 OF 22  
 FOR LINE 24 OF FORM 3X

|   |   |
|---|---|
| NAME OF COMMITTEE (In Full)<br><b>The Ninety Nine Percent</b>   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00543140       </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> |   |

|  |  |  |                                 |
|--|--|--|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Fingerhut Granados Opinion Research</b><br><b>[MEMO ITEM]</b>                           |  | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY         </div>  |                                 |
| Mailing Address 205 Yoakum Parkway, #1003  |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           1500.00         </div>   |                                 |
| City<br>Alexandria   | State<br>VA  | Zip Code<br>22304  | <b>Transaction ID : SE.4253</b> |
| Purpose of Expenditure<br>Robo Call Narration  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MA District:                     |                                 |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>STEPHEN F LYNCH  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |                                 |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">50585.82</div> |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2013 <input checked="" type="checkbox"/> Other (specify) <u>Special-Primary</u> |                                 |

|   |  |  |                                 |
|---|--|--|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Fingerhut Granados Opinion Research</b>  |  | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY         </div>  |                                 |
| Mailing Address 205 Yoakum Parkway, #1003   |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           10000.00         </div>  |                                 |
| City<br>Alexandria  | State<br>VA  | Zip Code<br>22304  | <b>Transaction ID : SE.4125</b> |
| Purpose of Expenditure<br>Design Leaflet  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MA District:                     |                                 |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>STEPHEN F LYNCH   |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |                                 |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">101772.68</div> |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2013 <input checked="" type="checkbox"/> Other (specify) <u>Special-Primary</u> |                                 |

|  |   |
|--|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>         |
| <b>(c) TOTAL</b> Independent Expenditures.....                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>         |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward C McHugh

[Electronically Filed]

Date

MM / DD / YYYY

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 20 OF 22  
 FOR LINE 24 OF FORM 3X

|   |   |
|---|---|
| NAME OF COMMITTEE (In Full)<br><b>The Ninety Nine Percent</b>   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00543140       </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Iron Workers Local 22</b>   |   | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY<br/> 04 / 12 / 2013 </div>  |
| Mailing Address 5600 Dividend Road, Suite A  |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1431.72 </div>   |
| City Indianapolis  | State IN  |  |
| Purpose of Expenditure<br>Yard Sign Delivery Service   | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MA District:                     |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>STEPHEN F LYNCH  |   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8042.72 </div> |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2013 <input checked="" type="checkbox"/> Other (specify) <u>Special-Primary</u> |

Transaction ID : SE.4106

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Iron Workers Local 6</b>  |   | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY<br/> 04 / 12 / 2013 </div>  |
| Mailing Address 196 Orchard Park Road  |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1309.37 </div>   |
| City West Seneca   | State NY  |  |
| Purpose of Expenditure<br>Yard Sign Delivery Service   | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MA District:                     |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>STEPHEN F LYNCH  |   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9352.09 </div> |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2013 <input checked="" type="checkbox"/> Other (specify) <u>Special-Primary</u> |

Transaction ID : SE.4108

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2741.09</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>        |
| (c) <b>TOTAL</b> Independent Expenditures.....                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward C McHugh

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 29 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 21 OF 22  
FOR LINE 24 OF FORM 3X

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>The Ninety Nine Percent</b>  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00543140 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y Y Y</span> |   |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Leon Henry Incorporated</b>  |   | Date<br><span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y Y Y</span><br><b>04 / 27 / 2013</b> |
| Mailing Address 200 North Central Avenue<br>Suite 220   |   | Amount<br><span style="border:1px solid black; padding:2px;">26862.00</span>   |
| City<br>Hartsdale   | State<br>NY   | Zip Code<br>10530  |
| Purpose of Expenditure<br>Newspaper Insert  | Category/<br>Type <span style="border:1px solid black; padding:2px;">004</span> | Office Sought: <input type="checkbox"/> House State: <b>MA</b><br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>STEPHEN F LYNCH</b>                                    |   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election<br>for Office Sought <span style="border:1px solid black; padding:2px;">128634.68</span> |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2013 <input checked="" type="checkbox"/> Other (specify) <b>Special-Primary</b>   |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Patriot Signage</b>  |   | Date<br><span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y Y Y</span><br><b>04 / 12 / 2013</b> |
| Mailing Address 1001 Second Avenue  |   | Amount<br><span style="border:1px solid black; padding:2px;">6611.00</span>  |
| City<br>Dayton  | State<br>KY   | Zip Code<br>41074  |
| Purpose of Expenditure<br>Yard Signs  | Category/<br>Type <span style="border:1px solid black; padding:2px;">004</span> | Office Sought: <input type="checkbox"/> House State: <b>MA</b><br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>STEPHEN F LYNCH</b>                                  |   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election<br>for Office Sought <span style="border:1px solid black; padding:2px;">6611.00</span> |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2013 <input checked="" type="checkbox"/> Other (specify) <b>Special-Primary</b>   |

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....    | <span style="border:1px solid black; padding:2px;">33473.00</span> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <span style="border:1px solid black; padding:2px;"></span>         |
| <b>(c) TOTAL</b> Independent Expenditures.....                   | <span style="border:1px solid black; padding:2px;"></span>         |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward C McHugh

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y Y Y  
**07 / 29 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 22 OF 22  
FOR LINE 24 OF FORM 3X

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>The Ninety Nine Percent</b>  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00543140 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> |   |

|   |                    |   |  |  |
|---|--------------------|---|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Town Crier, Inc.</b>   |                    |   | Date<br><span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span><br><b>04 / 25 / 2013</b>   |  |
| Mailing Address 7735 Old Georgetown Road<br>Suite 950   |                    |   | Amount<br><span style="border:1px solid black; padding:2px;">4456.25</span>  |  |
| City<br><b>Bethesda</b>   | State<br><b>MD</b> | Zip Code<br><b>20814</b>  | Transaction ID : <b>SE.4238</b>  |  |
| Purpose of Expenditure<br>Robo Calls  |                    | Category/<br>Type <span style="border:1px solid black; padding:2px;">004</span> | Office Sought: <input type="checkbox"/> House    State: <b>MA</b><br><input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>STEPHEN F LYNCH</b>                                |                    |   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |
| Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">48514.26</span> |                    |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2013 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special-Primary</b> |  |

|   |       |  |   |  |
|---|-------|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee  |       |  | Date<br><span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>   |  |
| Mailing Address   |       |  | Amount<br><span style="border:1px solid black; padding:2px;"></span>  |  |
| City  | State | Zip Code   |   |  |
| Purpose of Expenditure  |       | Category/<br>Type <span style="border:1px solid black; padding:2px;"></span> | Office Sought: <input type="checkbox"/> House    State: _____<br><input type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:  |       |  | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |
| Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;"></span> |       |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                   |  |

|   |   |
|---|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶    | <span style="border:1px solid black; padding:2px;">4456.25</span>   |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶ | <span style="border:1px solid black; padding:2px;"></span>          |
| <b>(c) TOTAL</b> Independent Expenditures.....▶                   | <span style="border:1px solid black; padding:2px;">149859.42</span> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward C McHugh

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
**07 / 29 / 2013**